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**Jan 14 1997 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 370889 (8)
1. Corporation Name
A.M.I. AIR CONDITIONING AND REFRIGERATION, INC.



Principal Place of Business: **5891 RODMAN ST. HOLLYWOOD FL 33023**
Mailing Address: **5891 RODMAN ST. HOLLYWOOD FL 33023-1839**

3. Date Incorporated or Qualified: **10/07/1970**
3a. Date of Last Report: **02/07/1996**
4. FEI Number: **59-1301281**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **5891 RODMAN ST. HOLLYWOOD FL 33023**
2a. Mailing Address: **5891 RODMAN ST. HOLLYWOOD FL 33023-1839**
21. State, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. Zip: Country:

9. Name and Address of Current Registered Agent
**LOPES, RAYMOND P. PD
5891 RODMAN STREET
HOLLYWOOD FL 33023**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOPES, RAYMOND	
STREET ADDRESS	3326 ROOSEVELT ST	
CITY - ST - ZIP	HOLLYWOOD, FL 33000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LOPES, CARMEN	
STREET ADDRESS	3326 ROOSEVELT ST	
CITY - ST - ZIP	HOLLYWOOD, FL 33000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RENO, ROBERT	
STREET ADDRESS	8618 BRIDLE PATH COURT	
CITY - ST - ZIP	DAVE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1080 Corkwood Street
14 CITY - ST - ZIP	Hollywood, Fl. 33019
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1080 Corkwood St.
24 CITY - ST - ZIP	Hollywood, Fl. 33019
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address

SIGNATURE: *Carmen Lopez* 1/13/97 370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)